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INFRARED HEATING PANEL SURVEY

Creating Comfort • Enhancing Wellbeing • Supporting Your Space

STUDIO DETAILS

Studio / Centre Name: _____

Address: _____

_____

Contact Name: _____ Position: _____

Phone: _____ Email: _____

Type of Studio (tick all that apply):

☐ Yoga ☐ Pilates ☐ Meditation ☐ Home Fitness ☐ Sound Healing

☐ Breathwork ☐ Wellness Classes ☐ Math Plodey

☐ Therapy Room ☐ Fitness ☐ Multi-Purpose _____

OCCUPANCY & USAGE

Maximum Class Capacity: _____ Typical Occupancy: _____

Hours of Operation: _____ Hour of Operation: _____

P** Hour of Operation: ☐ Mon ☐ Wed ☐ Thu ☐ Fri ☐ Sat ☐ Sun _____

Peak Usage Time: _____ Sat

Average Duration per Class / Session: _____ °C _____ To _____ °C

STUDIO DIMENSIONS

Room Length: _____ m

Room Width: _____ m

Ceiling Height: _____ m

Room Width: _____ m

Room Volume: _____ m^2

Floor Area: _____ m^2

FLOOR PLAN SKETCH

Sketch the studio layout below:

Key

- Entry or
- Internal Door
- Window
- Radiator
- Panel Heater
- Mirror
- Column / Post

INFRARED HEATING PANEL SUR

Made with AI

CONSTRUCTION DETAILS

Walls (tick one):

- ☐ Brick
- ☐ Blockwork
- ☐ Timber Frame
- ☐ Plasterboard
- ☐ Stone
- ☐ Other _____

Floor Type (tick one):

- ☐ Concrete
- ☐ Timber
- ☐ Suspended Floor
- ☐ Vinyl
- ☐ Laminate
- ☐ Other _____

Ceiling Type (tick one):

- ☐ Standard Plasterboard
- ☐ Suspended Ceiling
- ☐ Exposed Roof Structure
- ☐ Acoustic Panels
- ☐ Other _____

Roof Insulation:

- ☐ Yes
- ☐ No
- ☐ Unknown _____

Wall Insulation:

- ☐ Yes
- ☐ No
- ☐ Unknown _____

Floor Insulation:

- ☐ Yes
- ☐ No
- ☐ Unknown _____

WINDOW & DOOR DETAILS

Window Type (tick one):

- ☐ Double Glazed
- ☐ Triple Glazed
- ☐ Single Glazed
- ☐ Other _____

Window Width: _____ m

Window Height: _____ m

Total Window Area: _____ m²

Entrance Door Type (tick one):

- ☐ Timber
- ☐ Aluminium
- ☐ uPVC
- ☐ Glass
- ☐ Other _____

Total Window Area: _____ m²

ELECTRICAL ASSESSMENT

Existing Power Supply Available:

- ☐ Yes
- ☐ No

Nearest Electrical Point Location: _____

_____

_____

Electrical Installation Required (tick all that apply):

- ☐ None
- ☐ Spur
- ☐ Surface Trunking
- ☐ Concealed Cables
- ☐ Consumer Unit Upgrade

Any Additioual Constraints / Issues _____

INFRARED HEATING PANEL SURVEY

Advancing Wellness • Enhancing Efficiency • Supporting Your Studio

WELLNESS FEATURES (continued)

- Underfloor Heating (if applicable)
- Natural Lighting / Skylights
- Soundproofing / Acoutic Treatment
- Decor & Atmosthere Enhancements
- Additional Comments & Requests:

SURVEY SUMMARY

Recommended Infrared Panels: _____

Total Installed Wattage: _____ W

Estimated Energy Savings: _____ %

Additional Recommendations:

Overall Comments & Observations: _____

SIGNATURE & APPROVAL

Client Name: _____ Date: _____

Signature: _____ Date: _____

Assessor Name: _____ Date: _____

Final Approval: _____ Date: _____